ASSESSMENT OF SOCIAL FUNCTIONING AT VETERANS ADMINISTRATION HOSPITAL MARION, INDIANA

A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

CHARLES HUGH GRADY

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JUNE 1964

R = V T = 74

TABLE OF CONTENTS

DEDICATION

To

My Mother

Whose Love and Assistance

Made This Goal

Attainable

ACKNOWLEDGEMENTS

The writer wishes to acknowledge his appreciation to the Veterans Administration Hospital, Marion, Indiana for providing the research material for this project. He wishes to also express his sincere appreciation to all of those who have assisted in making possible the completion of this thesis. Specifically, he wishes to express his heartfelt thanks to Miss Victoria Scott, Thesis Advisor, and to Mr. Zuckerman and Mr. Elmer, the writer extends his grateful acknowledgement for their kindly and directive assistance.

C. H. G.

LIST OF TABLES

CHAPTER I

INTRODUCTION

This study, executed by social work students at Atlanta University School of Social Work, Class of 1964, is the third in a series of such studies designed to test the model for the assessment of social functioning. The assessment model was prepared by the Human Growth and Behavior and Research Committees of the Atlanta University School of Social Work.

> ...Implicit in the literature is agreement among social work writers that assessment is important because it requires the worker to sift out pertinent facts from a mass of data and to organize these facts in such a way that he can develop an understanding of the phenomena with which he is working. Perlman has stated that there is a recognized need for conceptual scheme or model to be used in practice as one attempts to understand the individual. Werner Boehm has pointed up the importance of assessment by including it as one of the four core activities of all social work.
>
> A review of the literature indicates that there are a variety of terms used to describe what we refer to in this study as assessment. Elements of assessment are utilized by each of the social work methods. One of the most commonly used terms in casework is "diagnosis," which has been defined by Mary Richmond as an attempt to arrise at as exact a definition of the social situation as possible. Investigation, or the gathering of evidence, begins the process. She concludes that critical examination and comparison of evidence is the basis for interpreting and defining the social difficulty.
>
> Helen Perlman defines diagnosis as:
>
> ...the mental work of examining the parts of a problem for the import of their particular nature and organization, for the interrelationship among them, for the relationship between them and the means to their solution.
>
> The argument for diagnosis in casework, then, to be precise, is simply an argument for making conscious and systematic that which alread is operating in us half-consciously and loosely. It is

> nothing more or less than bringing into conscious recognition that veritable swarm of intuitions, hunches, insights, and half-formed ideas that we call "impressions;" then scrutinizing them in the light of what knowledge we hold, selecting some as important, casting off others or placing them in our mental filing system for future scrutiny; then putting the pieces together into some pattern that seems to make sense... in explaining the nature of what we are dealing with and relating it to what should and can be done.

From Werner Boehm's book, included in the curriculum studies, we can see how the term assessment is emerging into use in the case-work method. Here, he refers to assessment as one of the four core activities in the social casework method, and defines it as the identification and evaluation of those social and individual factors in the client's role performance which make for dysfunction, as well as those which constitute assets and potentialities.[1]

From these three authors, we can see that the basic idea remains the same, only the manner of expression varies. In addition, these writers imply that social caseworkers infer certain aspects of personality from their observation, namely, the adequacy or inadequacy of the client's social functioning. The diagnostic process in casework according to Simon especially lends itself to examination in this light, because it is during this phase of casework service that caseworkers must planfully collect and evaluate data relating to the assessment of personality in interaction with the social situation.[2] The principle underlying this is that one initiates the attempt to understand the individual in his situation from the outside in and the inside out.[3]

> Evaluation, as used in group work, is a term which, though not identical, contains essential elements of assessment, namely the evaluation of the problem.

---

[1] Atlanta University School of Social Work, Thesis Statement (Atlanta University, Atlanta, Georgia, July, 1963), p. 1.

[2] Bernice K. Simon, Relationship Between Theory and Practice in Social Casework, Mimeograph IV (New York, 1960), p. 24.

[3] Ibid., p. 24.

...evaluation is that part of social group work in which the worker attempts to measure the quality of a group's experiences in relation to the objectives and functions of the agency... It calls for the gathering of comprehensive evidence of individual members' growth. Evaluation begins with the formulation of specific objectives for individuals and groups. It is then necessary to clarify the objectives by identifying individual and group behavior which can be properly interpreted as representing growth for the persons involved.

This definition implies that it is necessary to study the individual who is a part of the group in order to assess growth properly. We recognize study as a basic component of assessment.

In Community Organization there are several terms which contain elements of assessment, but the term itself is used infrequently in this particular method of practice. Community Diagnosis is a process of analysis, synthesis and interpretation in which the worker seeks, through a careful review of a body of factual material, to identify evidence of the existence of unmet social needs.

Mildred C. Barry sees diagnosis in Community Organization as involving a clear understanding of the problems, the collection and utilization of facts and consideration of possible approaches and solutions.

Other terms that are utilized in social work which include components of assessment are: study, study-diagnosis, social history, family diagnosis, psycho-social diagnosis, analysis, programming, fact-finding, psychodynamic formulation.

Thus, the variety of terms used in social work to describe the same process reflects the need for a theoretical frame of reference or model for making an assessment of social functioning.

For the purpose of this study, assessment is defined as the identification and evaluation of those socio-cultural factors in role performance which make for social dysfunction as well as adequate social functioning.

In order to work effectively in a particular method, social work must command a considerable and growing body of specific knowledge. It is the responsibility of practitioners and teachers to identify the additional knowledge and theory essential for practice. Some of this specific knowledge is derived from other disciplines but social workers must select from the total body of knowledge what is relevant for their use and test it out in their practice.

Social work knowledge is drawn from two sources: (1) social work experience and (2) the contribution of other theories and disciplines. This makes for added difficulty in social work

assessment. The compartmental lines in social work education are accentuated by their diverse behavioral science roots to which each segment attaches itself. This diversity is componded by the variety of concepts used and the vagueness of the language. Fuzzy thinking and poor communication are inevitable with such ill-defined concepts.

There is no universal agreement in the field of social work as to what factors should be included in assessment. Abrams and Dana include certain assessment factors in their discussion of social work rehabilitation. Ruth Butler suggest that some of the components which are more readily accepted are motivation, competence in interpersonal relationships and patterns of adaptation. She emphasizes that the task of social work is to select the component which it sees as important to assess when evaluating one's potential for social functioning. Authorities and practitioners are continuously attempting to identify elements of assessment. Harriett M. Bartlett has recently constructed a model which sets forth the elements in assessment in medical social work.

In conclusion, we can say that there is still a great deal of confusion in the field as to the nature of assessment. We can say, however, that the process is used in all three social work methods. From the literature we found that the process is not called "assessment" as such across the board, but other terms are used. These terms seem to be defined differently in the three methods. Still further, there is no set procedure even within a method. Despite all of this, assessment is a definite process in giving social work help, and it requires further investigation.[4]

Purpose of the Study

The purpose of this study is to test the model[5] of assessment of social functioning prepared by the Human Growth and Behavior and Research Committees of the Atlanta University School of Social Work by finding out what data are included in social work assessment of social functioning. This purpose was accomplished by studying agency records.

---

[4]Atlanta University School of Social Work, Op. Cit., pp. 3-6.

[5]The kind of model referred to in this study involves the construction of a symbolic record for reaching decisions. It may be seen as "a way of stating a theory in relation to specific observations rather than hypotheses...the model structures the problem. It states (or demonstrates) what variables are expected to be involved." Martin Loeb, "The Backdrop of Social Research," Social Science Theory and Social Work Research (New York, 1960), p. 4.

Method of Procedure

The beginning phase of this project was carried out through the participation of thirty-two second year students of the Atlanta University School of Social Work during their six month block field placement.

Before beginning the actual study, a period of time was utilized by the researcher in becoming familiar with the agency's policies, procedures and filing system. The researcher also found it necessary to interview a few of the hospital's employees in order to obtain information, generally, about the history of the agency. After which, more intensive research was carried out in order to collect information relating to the history of the agency.

The data used by the researcher collected from ten case records of Social Work Service, Veterans Administration Hospital, Marion, Indiana that were closed within a one year span (June 1, 1962--May 31, 1963). By limiting the population in this manner, it was assured that the population from which the sample would be taken would be small as well as representative of the factors of assessment that were currently being utilized by the agency. Moreover, closed records would be more accessible, more complete and therefore more useful for the study.

As each of the two students placed at this agency desired to select fifteen case records from the population, they combined the size of their sample and selected thirty case records employing the method of interval sampling utilizing the formula: $K=\frac{N}{n}$, i.e., the width of the sample interval was obtained by dividing the total population of 810 by 30. Each student then randomly selected his five records for the pilot study, and 10 records for the study.

Scope and Limitations

This study was limited to 15 case records involving individuals whose cases were closed during the period of June 1, 1962 to May 31, 1963. However, the records used for the study were not designed for research purposes.

The data entered in the schedule represented material which indicated the factors the social worker employed in assessing social functioning of the patient.

The researcher is aware of his limited experience with research procedures as well as his narrow interpretation of the concepts utilized in this study.

CHAPTER II

History of the Agency

The last Republican stronghold in the south had been overthrown and the period of American history known as "the Reconstruction" had ended. Congress no longer focused its attention upon the problems of the recently freed Negroes in the south but upon the problems facing veterans who fought so valiantly and bravely in the greatest struggle the United States had had to face in its short history.[6]

With Congress having a favorable attitude towards the veterans, Col. George W. Steele, Representative from the 11th Congressional District in Indiana, introduced a bill in Congress providing for the construction of a National Home for Disabled Volunteer Soldiers in the Marion Area. The bill remained in the legislative branches of our government for seven months and was approved by President Grover Cleveland on July 23, 1888.[7]

One of the conditions under which the institution was secured for the county and state was the availability of free fuel. After carefully evaluating the availability of free natural gas in the Marion Area, a tract of land $2\frac{1}{2}$ miles southeast of the city was selected to be the location of this institution. Immediately, 235.85 acres of land were purchased at $110.00 per acre and a gas well was drilled to provide heat and light.

---

[6] W. N. C. Carlton, "(Stephen) Grover Cleveland", Encyclopedia Americana, ed. Lavinia P. Dudley, VII (1955) p. 93.

[7] Rollin Lewis Whitson, "History of Grant County, Indiana, 1812 to 1912" (Unpublished papers, 1914), p. 1.

The architectural plans were drawn and the actual construction of the home began early in 1889. Nevertheless, it was not until March 17, 1890 that the home was formally opened with General Arthur F. Devereau serving as Governor. Col. Justin H. Chapman succeeded Gen. Devereau as Governor of the Home and remained in this capacity until his death in 1904. The Governorship was then placed in the hands of the man who was credited with the idea of establishing the institution in the Marion Area, Col. George W. Steele.[8]

Before the turn of the century, all of the buildings called for in the orginal plans had been constructed. At that time, the institution consisted of 16 barracks, a chapel, theater, memorial hall, administrative quarters, hospital and gymnasium. These facilities were adequate for the 2,000 members who, in spite of the fact that the Home adhered to the prevailing military policy, "were free to come and go as they pleased". No buildings were locked and the people from the surrounding towns often came to use the beautiful and spacious grounds for picnics and the celebration of various national holidays.[9]

The first civilian to head the institution was Doctor William Mac Lake who succeeded Col. A. B. Crampton in 1920. Under Dr. Mac Lake's administration, due to the urgent need of additional facilities for mentally ill veterans, the institution became a neuropsychiatric hospital in 1921. In addition, its name was changed to Marion National Sanatorium.

---

[8]Veterans Administration, "A Brief History of the Marion V. A. Hospital.

[9]Interview with Mr. Gordon C. Buhler, Assistant Director, Veterans Administration Hospital, Marion, Indiana, (November, 1963).

With the change in the function of the institution came attendant changes in its policies. The lovely and spacious grounds were no longer frequented by the local citizenry. Patients were confined to buildings. Very few passes were given. Bars were placed on windows. A fence surrounded the grounds and locks were placed on the once opened front gate. The institution was no longer looked upon by the citizenry as a place to frequent on National Holidays. Rather, it was looked upon with fear, anxiety and abhorrence. Good custodial care for the patients was the philosophy of the Sanatorium.[10]

As a result of the consolidation of various Federal Bureaus handling veterans' affairs, the Veterans Administration was established in July, 1930. Since the new agency was made responsible for the administration of veterans hospitals, the official designation of this hospital was changed to "Veterans Administration Hospital". However, this change had few immediate effects upon the policies of the hospital and the care and treatment of its patients.

It was not until 1935 that changes in the restrictive atmosphere of the hospital began to take place. First, a few of the wards were unlocked and some of the patients were given ground privileges. In 1936, the front gate was unlocked and some patients received town passes. The philosophy of the hospital was changed from one of providing custodial care of the mentally ill veteran to that of providing psychiatric care and treatment.[11]

---

[10]Ibid.

[11]Dorothy B. Henderson, "Assessment of Social Functioning at Veterans Administration Hospital, Marion, Indiana", (Unpublished Master's Thesis, School of Social Work, Atlanta University, 1963).

Presently the hospital consists of 120 buildings situated on 210 acres of land. This represents an increase of over 100% in the number of buildings constructed since 1910. The most recently constructed building #138 is a modern 4 story multi-purpose building. It is symbolic of the philosophy of the hospital's present administration.

Its sturdy foundation is symbolic of the strong, harmonious relationship the hospital has with the surrounding communities. Each contributes to the other yet they are not totally dependent upon one another.

This multi-purpose structure is also symbolic of the modern multi-discipline approach the hospital utilizes in the treatment of mental illness and the para-medical services needed in the day-to-day operation of the hospital. Like the many facets of the buildings which have their own niche and add to the beauty of the building, each service or division has its own unique role to play in enhancing the psychiatric care and treatment the veteran receives.

The height of this beautiful building is symbolic of the high ideals, goals and values of the hospital, the epitome of which is expressed as the hospital's foremost goal, i.e., providing the best psychiatric care and treatment possible for the veteran.

In attempting to achieve its goal, the hospital underwent a period of reorganization in 1962. It switched to the "Unit System" of organization. Thus ten of the 22 buildings which house patients function as psychiatric units utilizing the "team approach". Nine buildings house patients who are medically infirm.

Currently the following services or divisions employing approximately 1103 persons are being maintained: Psychology Service, Physical Medicine and Rehabilitation, Radiology Service, Dental Service, Dietitic

Service, Canteen Service, Pharmacy Service, Surgical Service, Laboratory Service, Nursing Service and Social Work Service. Registrar Division, Engineering Division, Personnel Division, Fiscal Division, Supply Division and Housekeeping Division round out the staff. All of the various services and divisions are under the management of the Hospital Director, Assistant Director and Chief of Staff. The hospital has an average daily patient load of 1586.8 and a budget of approximately 8 million dollars.[12]

History of Social Work Service, Veterans Administration Hospital, Marion, Indiana

In 1921, the Medical Advisory Council composed of eminent physicians not connected with the government recommended that Social Work Services become an intergal part of the medical program. During this same year, the Home Service Section of the American Red Cross began to render social services on a demonstration basis to the veterans hospitalized at the Veterans Bureau Hospital in Marion, Indiana.

The Red Cross utilized a large staff in attempting to achieve their objectives. Their program concentrated on securing social histories, contacting families and writing newsy letters to relatives of patients. They performed these services for 5 years.[13]

By 1926, Civil Service standards had been formulated for social workers and the federal government accepted the responsibility of providing the services which the Red Cross had initiated.

---

[12] Interview with Mr. Gus Waiters, Clinical Social Worker, (Veterans Administration Hospital, Marion, Indiana, February 3, 1964).

[13] Harold Menefee, "A Study of Social Assessment at the Veterans Administration Neuropsychiatric Hospital, Marion, Indiana", (Unpublished Master's Thesis, School of Social Work, Atlanta University, 1962), p. 11.

Miss Irene Grant was the first social worker in Central Office in Washington, D. C. However there are no records indicating the person who served as Chief of Social Work Service at Marion V A Hospital prior to Miss Bernita Oglibee's period of service. Miss Edna Snapp succeeded Miss Oglibee in 1936 and served as Chief of Social Work Service at Marion for 21 years.

The duties of these early social workers were not easy and their responsibilities were many. They not only provided social services for the 2,000 veterans hospitalized at Marion, they also did field work which included conducting social surveys for Adjudication Boards and Diagnostic Centers of the Regional Office in twenty-two northeastern and north central counties of the state of Indiana.

In 1942, due to an increase in the number of patients hospitalized at V A H, Marion, Regional Offices were informed that the hospital social workers could no longer carry on field work. This decision later became policy and all field work, with the exception of some trial visit work in the immediate vicinity of the hospital would be handled by Regional Office.[14]

In 1953, a peak in terms of the number of people employed as social workers at Marion was reached. At that time, the staff had increased to 7 full time workers including a chief and case supervisor. This expansion in staff broadened the scope of already existing services to include more patients.[15]

---

[14]Morris F. X. Jeff, Jr., "Assessment of Social Functioning at Veteran's Administration Hospital, Marion, Indiana", (Unpublished Master's Thesis, School of Social Work, Atlanta University, 1963, p.

[15]Interview with Mr. Charles P. Phelps, Clinical Social Worker (Veteran's Administration Hospital, Marion, Indiana, February 5, 1963)

Upon the retirement of Miss Snapp in 1957, Mr. Abraham Zuckerman was appointed Chief of Social Work Service. At the time of his appointment, the social work service staff consisted of two people including himself. Today the staff consists of eight workers and one vacancy, a chief and assistant chief.

The Social Work Service program at Marion is an expanding one and the current chief projects the need to double the present number of staff members in order to support in depth Casework and Group Work activities of Social Work Service and to increase all phases of the out placement program.

Characteristic of the growth and development of Social Work Service at V. A. H. Marion is its Community Residence Program which was reinstituted in March, 1958 as a Foster Care Program. At the time, only two veterans remained on the program after its demise in 1955. The Marion community responded favorably to the program and 22 veterans were placed in 1958. The program, like Social work Service generally, has continued to grow and develop. Today it not only includes placements in foster homes, but placements in nursing homes and half way houses as well. Placements are not confined to Marion but include homes in the surrounding towns. To date more than 450 patients have been placed and the Community Residence Program now requires the service of three full time social workers and a secretary.

In addition to rendering social services to a turnover of more than 600 veterans, maintaining the community residence program as well as carrying out the numerous responsibilities of a social work agency, the department maintains a Social Work Training Program in conjunction with Atlanta and Indiana Universities, a companionship therapy program with volunteers and with students from neighboring colleges and universities plus a summer employment program for students.

Moreover, since 1957, great progress has been made towards making a good social work service program better and a better social work service program the best.[16]

Philosophy and Method of Assessment as practiced at V. A. H. Marion.

Social Work Service at V A H Marion in its assessment of patient functioning does not rigidly adhere to any one particular school of thought or psychiatric theory. It utilizes a more or less eclectic approach with emphasis upon the strengths and assets remaining to the patient rather than his personality aberrations or social oddities. Moreover, exit planning is begun during the first contact the social worker has with the veteran and/or his relatives.

The Admission Summary, which the social worker has the responsibility of writing has a section captioned "Present Social Situation". In this section an evaluation of the "assets and liabilities" of the patient is made and the social worker determines what he has to work with in helping the patient with his problem. Thus in the final analysis, assessment of patient functioning by Social Work Service at V A H Marion depends upon the individual worker's knowledge, skills and experience in sifting through a maze of facts and organizing them in such a manner that will give a clear, concise picture of the patient's strengths and weaknesses, which might hinder or help the patient achieve an optimum degree of social functioning.

NATURE OF THE PROBLEM

The nature of the problems as exemplified in the ten cases utilized in the study centered predominantly on ascertaining the patient's history.

---

[16] Interview with Mr. Abraham Zuckerman, Chief of Social Work Service, Veterans Administration Hospital, Marion, Indiana, February , 1964.

thereby helping in establishing the medical diagnosis. In addition, some of the problems in the cases centered around trial visit or exit planning, domestic affairs.

More specifically five(5) of the cases were referred to social work service for help in establishing the medical diagnosis of the patient concerned. Four (4) of the cases were referred for trial visit or exit planning and one case was referred to social work service for assistance in helping the patient resolve his family problems.

The focus on the problem area as a tool in assessing social functioning was controlled by the worker who in a final determination of the problem confronting the patient did not always focus on the problems presented by the patient. Therefore in a greater number of instances, the problem confronting the patient was determined by the social worker in the agency.

CHAPTER III

TABULATION AND ANALYSIS

The statistical findings of the study are presented in this chapter on seven tables. These findings were analyzed and classified under seven categories taken from the schedule, i.e., incidence of data, person discussed, location, stage in contact, origin, source and datum or interpretation. Each item of the schedule was applied to the above categories and the findings are reported on the succeeding tables.

Incidence

The schedules contained 276 excerpts. There were fifty-seven (57) instances wherein three excerpts were made for an item. There were twenty seven (27) instances wherein only two excerpts were secured in relation to an item and 52 instances wherein only one excerpt was made in relation to an item on the schedule. However, there were eighty four (84) instances wherein the case records contained no data in relation to an item on the schedule.

The majority, (31) of the items under personality factor contained three excerpts as opposed to only 26 such instances where this occured under socio-cultural factors.

There were only thirty six (36) instances wherein the case records contained no data relating to a particular item on the schedule under personality factors as soopsed to forty eight (48) such instances where this occured under socio-cultural factors.

A larger number of excerpts were made under personality factors (140) as only 136 excerpts were secured under socio-cultural factors. However, the only items on the schedules which contained at least one excerpt from all of the records analyzed were items under socio-cultural factors. They are economic system and governmental system.

More excerpts were made in conjunction with the item economic system than any other item on the schedule. The items family and physiological functioning had twenty-five excerpts each of a possible thirty.

The item class contained the smallest number of excerpts. The item internal organization of the personality with two (2) excerpts contained only one more excerpt than did the item class.

In view of the fact that data were collected under every item on the schedule, it appears that the social workers in the agency where the data for this research project were collected are currently considering most of the factors suggested by the model in an unstructured manner. Nevertheless, on the basis of the higher number of instances wherein two excerpts were secured in relation to an item under personality factors and the fewer number of items under this factor for which no data could be secured, it appears that there is a closer correlation between the personality factors on the model and assessment of social functioning at the Veterans Administration Hospital, Marion, Indiana, than the socio-cultural factors on the model.

Table I illustrates these findings:

TABLE I

INCIDENCE OF DATA

Factors	Total Incidence	Schedules with data one	two	three	Schedules with no data
Personality					
Innate or Genetic Potential					
Intellectual Potential	16	2	1	4	3
Basic Thrusts, Drives, Instincts	5		1	1	8
Physical Potential	13	5	1	2	2
Physiological Functioning	25	0	2	7	1
Ego Functioning					
Identifiable Patterns for Reacting to Stress	18	4	1	4	1
Internal Organization of Personality	2	2	0	0	8
Degree of Maturity	6	0	0	2	8
Self Image	18	1	4	3	2
Patterns of Interpersonal Relationships	20	2	3	4	1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	3	1	4	2
Sub-total	140	19	14	31	36
Socio-Cultural					
Culture	6	3	0	1	6
Beliefs					
Value	3	3	0	0	7
Activity Pattern	12	2	2	2	4
Sub-Systems					
Family	25	0	2	7	1
Educational System	12	1	3	2	4
Peer Group	3	3	0	0	7
Ethnic Group	8	8	0	0	2
Class	1	1	0	0	9
Territorial Group	7	5	1	0	4
Economic System	29	0	1	9	0
Governmental System	18	5	2	3	0
Religious System	12	2	2	2	4
Sub-total	136	33	13	26	48
Grand total	276	52	27	57	84

Location

The following categories were established for the purpose of classifying the sections from which excerpts were made from the case records: face sheets; letters; clinical records; summaries; and staffing over prints.

Of the 276 excerpts made from the case records only fourteen (14) were made from face sheets. Forty-two (42) excerpts were made from letters and two hundred seventeen (217) excerpts were made from summaries. Only three (3) excerpts were made from staffings.

None of the excerpts under personality factors were taken from face sheets whereas fourteen excerpts under socio-cultural factors were made from face sheets. On the other hand none of the excerpts under socio-cultural factors were taken from staffing overprints whereas three excerpts under personality factors were.

Most of the excerpts under both personality factors and socio-cultural factors were made from summaries having one hundred eleven (111) and one hundred six excerpts respectively. More excerpts under personality factors (26) were taken from letters as opposed to socio-cultural factors whereas only sixteen (16) excerpts under socio-cultural factors were taken from letters.

Overwhelmingly, most of the data gathered in conjunction with this study were taken from summaries in the case records as opposed to any other location.

Table II illustrates the findings:

TABLE II

LOCATION OF EXCERPT

Factors	Total	Face Sheet	Letter	Sum-mary	Staff-ing	No Data
Personality						
Innate or Genetic Potential						
Intellectual Potential	16	0	3	13	0	3
Basic Thrusts, Drives, Instincts	5	0	3	2	0	8
Physical Potential	13	0	4	9	0	2
Physiological Functioning	25	0	3	20	2	1
Ego Functioning						
Identifiable Patterns for Reacting to Stress	18	0	0	17	1	1
Internal Organization of the Personality	2	0	0	2	0	8
Degree of Maturity	6	0	0	6	0	8
Self Image	18	0	5	13	0	2
Patterns of Interpersonal Relationships and Emotional Expression Related Thereto	20	0	2	18	0	1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	0	6	11	0	2
Subtotals	140		26	111	3	36
Socio-Cultural						
Culture						
Beliefs	6			6		6
Value	3			3		7
Activity Pattern	12		1	11		4
Sub-Systems						
Family	25		1	24		1
Educational System	12			12		4
Peer Group	3			3		7
Ethnic Group	8	1	1	6		2
Class	1			1		9
Territorial Group	7	1	1	5		4
Economic System	29	1	7	21		0
Governmental System	18	8	3	7		0
Religious System	12	3	2	7		4
Sub-total	136	14	16	106	0	48
Grand Total	276	14	42	217	3	84

Stage

Three categories were utilized in classifying and tabulating the data which reflected the involvement of social work service around the following activities from admission to discharge.

Intake showed cases opened to obtain admission summaries for diagnostic purposes. No further social service was offered therefore the cases were closed.

Interim showed social service involvement in cases which were reopened after intake for continued services around a problem area.

Late showed services offered around exit or trial visit planning.

The following are the findings in regard to the stage in the agency's contact with the veteran from which the data were secured.

One hundred ninety-five (195) of the two hundred seventy six excerpts were taken from the case records wherein the worker and client were involved in the intake process. Only twenty-four (24) excerpts were made from the case records wherein the worker and client were involved during the interim stage in contact. Fifty-seven (57) of the excerpts were secured from the case records late in the agency's contact with the patient.

Under personality factors only eighty-seven (87) excerpts were secured during the intake process whereas one hundred eight were secured during the intake process under socio-cultural factors. Only seven (7) excerpts were made from the case records under socio-cultural factors during interim stage in contact whereas seventeen (17) were secured during this stage of contact under personality factors. Thirty-six (36) excerpts were made from the case records during the late stage under socio-cultural factors. Thus, the majority of the data used in testing the assessment

model was secured from records wherein the client and worker were involved in the intake process. However, more emphasis appears to be placed upon assessing personality factors in almost every stage in contact than is true of the socio-cultural factors.

Table III illustrates the findings.

Person Discussed

Two categories were established in order to classify the data under person discussed. They are "patient" and "patient's relatives".

One hundred (100) of the excerpts from the case records under personality factors referred to the patient whereas only forty (40) were made in reference to the patient's relatives. Under socio-cultural factors, the same general findings were true. Ninety-seven (97) of the excerpts referred only to the patient and thirty-nine (39) referred to the patient's relatives. Overwhelmingly the person discussed in most of the excerpts was the patient.

Table IV illustrates the findings.

Orgin of Data

The categories established for analyzing the data in terms of its orgin are as follows: social worker in own agency; social worker in other agency; other discipline in own agency; other discipline in other agency and unknown.

One hundred and sixty-nine (169) of the two hundred seventy-six (276) excerpts were made from information gathered by social workers employed at Marion. Ninety-two (92) of the excerpts were made from information gathered by social workers in other agencies. Fifteen (15) of the excerpts were taken from data in the case records whose origin could not be determined.

TABLE III

STAGE IN CONTACT

Factors	Total	Intake	Interim	Late	No Data
Personality					
Innate or Genetic Potential					
Intellectual Potential	16	11		5	3
Basic Thrusts, Drives, Instincts	5		2	3	8
Physical Potential	13	6	4	3	2
Physiological Functioning	25	17	6	2	1
Ego Functioning					
Identifiable Patterns for Reacting to Stress	18	12	3	3	1
Internal Organization of the Personality	2	1		1	8
Degree of Maturity	6	3		3	8
Self Image	18	11	1	6	2
Patterns of Interpersonal Relationships and Emotional Expression Related Thereto	20	14	1	5	1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	12		5	2
Sub-total	140	87	17	36	36
Socio-Cultural					
Culture					
Beliefs	6	5		1	6
Value	3	2	1		7
Activity Pattern	12	8	3	1	4
Sub-Systems					
Family	25	18	2	5	1
Educational System	12	10		2	4
Peer Group	3	3			7
Ethnic Group	8	7		1	2
Class	1	1			9
Territorial Group	7	6		1	4
Economic System	29	19	1	9	0
Governmental System	18	18			0
Religious System	12	11		1	4
Sub-total	136	108	7	21	48
Grand Total	276	195	24	57	84

TABLE IV

PERSON DISCUSSED

Factors	Total	Patient	Patient's Relatives	No Data
Personality				
Innate or Genetic Potential				
Intellectual Potential	16	14	2	3
Basic Thrusts, Drives, Instincts	5	4	1	8
Physical Potential	13	9	4	2
Physiological Functioning	25	14	11	1
Ego Functioning				
Identifiable Patterns for Reacting to Stress	18	15	3	1
Internal Organization of The Personality	2	2		8
Degree of Maturity	6	5	1	8
Self Image	18	15	3	2
Patterns of Interpersonal Relationships and Emotional Expression Related Thereto	20	10	10	1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	12	5	2
Sub-total	140	100	40	36
Socio-Cultural				
Culture				
Beliefs	6	6		6
Value	3	3		7
Activity Pattern	12	10	2	4
Sub-Systems				
Family	25	6	19	
Educational System	12	10	2	4
Peer Group	3	3		7
Ethnic Group	8	8		2
Class	1	1		9
Territorial Group	7	4	3	4
Economic System	29	21	8	0
Governmental System	18	15	3	0
Religious System	12	10	2	4
Sub-total	136	97	39	48
Grand Total	276	197	79	84

On the other hand no data were provided by any other discipline which could be made into an excerpt.

Relatively more (91) of the excerpts under socio-cultural factors extracted from the records were made from data in the records collected by social workers employed at Marion, whereas, this was true of only 78 of the excerpts under personality factors. More of the excerpts (57) under personality factors came from information collected by social workers in other agencies than was true of the excerpts under socio-cultural factors with only thirty-five (35) excerpts from information secured by social workers employed by another agency. Only five (5) excerpts under personality factors were made from data whose origin could not be determined. However, this was true of twice as many excerpts under socio-cultural factors. None of the excerpts in the study were made from information obtained by other disciplines.

Table V illustrates these findings.

Source

The following categories were established in analyzing the data in relation to its source: patient; other person (non professional); personal document; measurements; observation or impression of social worker and unknown.

Sixty (60) of the two hundred seventy-six (276) excerpts were taken from information given to the social workers by patients. One hundred forty-four (144) excerpts were made from information given to the social worker by non professional people. Only twelve (12) excerpts were made from personal documents. Forty-two (42) excerpts were made from observations or impressions of the social workers and eighteen (18) excerpts were

TABLE V

ORIGIN OF DATA

Factors	Total incidence	Social worker in own agency	Social worker in other agency	Other Disciplines in own agency	Other Disciplines in other agency	Unknown	Schedules with no data
Personality							
Innate or Genetic Potential							
Intellectual Potential	16	10	6			2	3
Basic Thrusts, Drives, Instincts	5		5				8
Physical Potential	13	7	6				2
Physiological Functioning	25	16	7			2	1
Ego Functioning							
Identifiable Patterns for Reacting to Stress	18	9	8			1	1
Internal Organization of Personality	2	2					8
Degree of Maturity	6	3	3				8
Self Image	18	9	8			1	2
Patterns of Interpersonal Relationships and Emotional Expression related thereto	20	11	9				1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns, Norms and Appropriate Feelings for each	17	11	5			1	2
Sub-total	140	78	57			5	36

TABLE V--continued

Factors	Total Incidence	Social worker in own agency	Social worker in other agency	Other Disciplines in own agency	Other Disciplines in other agency	Unknown	Schedules with no data
Socio-Cultural							
Culture							
Belief	6	5	1				6
Value	3	3					7
Activity Pattern	12	7	5				4
Sub-Systems							
Family	25	14	11				1
Educational System	12	7	5				4
Peer Group	3	2	1				7
Ethnic Group	8	7	1				2
Class	1		1				9
Territorial Group	7	6	1				4
Economic System	29	20	8			1	0
Governmental System	18	12				6	0
Religious System	12	8	1			3	4
Sub-total	136	91	35			10	48
Grand Total	276	169	92			15	84

made from data whose source could not be ascertained. No excerpts were made from measurements.

Twenty-nine (29) of the excerpts under socio-cultural factors were derived from information given the worker by the patient as opposed to thirty-one (31) such excerpts under personality factors. On the other hand only sixty-four (64) excerpts under personality factors were derived from information provided the social worker by non-professional people whereas there were eighty (80) such instances under socio-cultural factors. Only one (1) excerpt was made from a personal document under socio-cultural as opposed to eleven (11) such instances under personality factors. Twenty-eight (28) of the excerpts under personality factors were made from observations or impressions gathered by social workers whereas there were only fourteen (14) such excerpts under socio-cultural factors. Only six (6) excerpts under personality factors were made from data whose source could not be determined whereas twice as many (12) such excerpts were made under socio-cultural factors. Table VI illustrates these findings.

Breadth of Data

The following categories were established in classifying and analyzing the data in order to determine its width, i.e., the number of sources from which an excerpt could have been made. The first category contains the data which comes from only one source. The researcher classified the data which could be attributed to two sources as belonging to the second category. The third category consists of data which could be attributed to three sources.

Two hundred sixty-two (262) of the two hundred seventy-six (276) excerpts come from only one source. Only twelve (12) excerpts could be

TABLE VI

SOURCE OF DATA

Factors	Total Incidence	Patient	Other Person	Personal Document	Measurements	Observation	No Unknown	No Data
Personality								
Innate or Genetic Potential								
Intellectual Potential	16		9	2		5		3
Basic Thrusts, Drives, Instincts	5	3	1			1		8
Physical Potential	13	1	4	1		6	1	2
Physiological Functioning	25	2	17	2		4		1
Ego Functioning								
Identifiable Patterns for Reacting to Stress	18	4	6			6	2	1
Internal Organization of Personality	2	1				1		8
Degree of Maturity	6	3	2			1		8
Self Image	18	10	2	3		1	2	2
Patterns of Interpersonal Relationships	20	1	17			2		1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	6	6	3		1	1	2
Sub-total	140	31	64	11	0	28	6	36

TABLE VI--continued

Factors	Total Incidence	Patient	Other Person	Personal Document	Measurement	Observation	No Unknown	No Data
Socio-Cultural								
Culture								
Beliefs	6	5	1					6
Value	3	3						7
Activity Pattern	12	3	8				1	4
Sub-Systems								
Family	25	1	20			3	1	1
Educational System	12	3	9					4
Peer Group	3	1	2					7
Ethnic Group	8		1			7		2
Class	1		1					9
Territorial Group	7	2	4				1	4
Economic System	29	6	19	1		1	2	0
Governmental System	18	2	10			2	4	0
Religious System	12	3	5			1	3	4
Sub-total	136	29	80	1	0	14	12	48
Grand Total	276	60	144	12	0	42	18	84

attributed to two (2) sources, and only two (2) excerpts could be attributed to three sources.

One hundred thirty three (133) of the excerpts under personality factors could be attributed to only one source. The same was true of one hundred thirty (130) of the excerpts under socio-cultural factors. Sixty (60) of the excerpts under personality factors could be attributed to two sources. Five (5) of the excerpts under socio-cultural factors were classified in the same category. Both personality factors and socio-cultural factors had only one instance each where in the data could be attributed to three sources.

Thus the findings in regard to the breadth of the data included in this study appear to be similar for both the socio-cultural and personality factors included in the model.

Table 7 illustrates these findings.

Datum or Interpretation

Four categories were established in analyzing the data under this item. They are data only, interpretation only, data plus interpretation and can not be classified.

Of the two hundred seventy-six excerpts (276) two hundred seven (207) consisted of data only. Thirty (30) were classified under interpretation only and thirty-nine (39) were classified as data plus interpretation.

One hundred twenty-eight (128) of the excerpts under socio-cultural factors were classified as data only whereas this was true of only seventy-nine (79) excerpts under personality factors. Twenty-nine (29) of the excerpts under personality factors were classified under interpretation only whereas only one excerpt under socio-cultural factors were classified

TABLE VII

BREADTH OF DATA

Factors	No. of Excerpts	Sources one	two	three	No Data
Personality					
Innate or Genetic Potential					
Intellectual Potential	16	15	1		3
Basic Thrusts, Drives, Instincts	5	4			8
Physical Potential	13	12	1		2
Physiological Functioning	25	22	2	1	1
Ego Functioning					
Identifiable Patterns for Reacting to Stress	18	18			1
Internal Organization of Personality	2	2			8
Degree of Maturity	6	6			8
Self Image	18	16	2		2
Patterns of Interpersonal Relationship and Emotional Expression related thereto	20	20			1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	17			2
Sub-total	140	133	6	1	36
Socio-Cultural					
Culture					
Beliefs	6	6			6
Value	3	3			7
Activity Pattern	12	12			4
Sub-Systems					
Family	25	25			1
Educational System	12	12			4
Peer Group	3	3			7
Ethnic Group	8	8			2
Class	1	1			9
Territorial Group	7	6	1	1	0
Economic System	29	28		1	0
Governmental System	18	16	2		0
Religious System	12	10	2		4
Sub-total	136	130	5	1	48
Grand Total	276	263	11	2	84

under the category could not be classified.

It appears that more interpretation is involved in assessing personality factors than socio-cultural factors.

Table VIII illustrates these findings.

TABLE VIII

DATUM OR INTERPRETATION

Factors	No. of Excerpts	Data Only	Interpretation Only	Data Plus Interpretation	Can't be Classified	No Data
Personality						
Innate or Genetic Potential						
Intellectual Potential	16	9	6	1		3
Basic Thrusts, Drives, Instincts	5		4	1		8
Physical Potential	13	8	1	4		2
Physiological Functioning	25	19	2	4		1
Ego Functioning						
Identifiable Patterns for Reacting to Stress	18	6	4	8		1
Internal Organization of Personality	2	1	1			8
Degree of Maturity	6	3	3			8
Self Image	18	10	5	3		2
Patterns of Interpersonal Relationships	20	11	2	7		1
Internalization of Culturally Derived Beliefs, Values, Activity Patterns and Norms	17	12	1	4		2
Sub-total	140	79	29	32		36

TABLE VIII--continued

Factors	No. of Excerpts	Data Only	Interpretation only	Data Plus Interpretation	Can't be Classified	No Data
Socio-Cultural						
Culture						
Beliefs	6	6				6
Value	3	3				7
Activity Pattern	12	11		1		4
Sub-Systems						
Family	25	23	1	1		1
Educational System	12	10		2		4
Peer Group	3	2		1		7
Ethnic Group	8	8				2
Class	1	1				9
Territorial Group	7	6		1		4
Economic System	29	29				0
Governmental System	18	17		1		0
Religious System	12	12				4
Sub-total	136	128	1	7		48
Grand Total	276	207	30	39		84

CHAPTER IV

CONTENT ANALYSIS

The purpose of this chapter is to give an item by item description and analysis of the findings as well as the classification of the content of each of the twenty-two items. In addition the researcher will discuss each item, when appropriate, to the nature of the problems of the cases included in the sample as well as the philosophy of assessment as practiced by Social Work Service at Veterans Administration Hospital, Marion, Indiana.

This study was designed to test the assessment of two factors, personality, and socio-cultural factors. The schedules utilized in this research project contained twenty-two items relating to these two factors as well as the following categories, in order that the data might be analyzed more thoroughly: incidence of data, person discussed in data, location of data, stage in contact when data secured, origin of data, source of data, and a category called datum or interpretation which necessitated the researcher's making a decision as to whether or not the data secured was data only or an interpretation by the workers.

Personality Factors

The first category under personality factors, innate or genetic potential consisted of four items: Intellectual Potential, Basic thrusts, drives, instincts, and Physical Potential.

Intellectual Potential

The item Intellectual Potential was defined by the constructors of the assessment schedule as the degree of adequacy to function in situations that require the use of the following mental activities: (a) perception, i.e., the conscious awareness of the relationship between events and/or objects; (b) the ability to deal with and use symbols; (c) the overall ability to mobilize resources of the environment and experiences into the service of a variety of goals (problem solving); (d) that which can be measured by an IQ test.

Four categories were established in order to classify the 16 excerpts from the case records. The following are the categories established and the number of excerpts which fall in each category: Perception 0; Tests and Measurements 0; Mobilization of Resources 2; General 4; Use of Symbols 10. The following table illustrates the findings.

Categories	No. of Excerpts
Use of Symbols	10
General	4
Mobilization of Resources	2
Perception	0
Tests and Measurements	0
Total	16

Fourteen of these excerpts referred to the patient and only two referred to his relatives. Thirteen of these excerpts were extracted from summaries in the patient's records and three were taken from letters. Eleven of the excerpts were taken from data that were gathered during the intake process and five came from data that were gathered late in the patient's contact with the agency. Ten of these exerpts came from information obtained by social workers in other agencies.

Five of these excerpts came from information given to the worker by the client. Three excerpts were taken from personal documents. Fifteen of these excerpts had a breadth of one whereas only one excerpt had a breadth of two. Nine of these excerpts consisted of data only; six with interpretation only and one consisted of both data and interpretation.

The implications regarding this item based on the data and its analysis are as follows. It is an important element in assessment at Veterans Administration Hospital, Marion in almost every case, and is determined in most instances by the patient's use of symbols. Further, its assessment in reference to social functioning is carried out mostly by the worker in the agency and is based on information given the worker by the client or other non-professional people. Moreover, it involves the organization of these data into a meaningful whole rather than interpretation exclusively.

Basic Thrusts, Drives, Instincts

According to the constructors of the assessment model the data to be gathered in relation to this item would be devoted by tendencies present or incipient at birth, to respond to certain stimuli or situations; the innate propensity to satisfy basic needs, e.g., food, shelter, love, security.

Three categories were established in order to classify the five excerpts secured under this item. They are as follows: Motivation for the attainment of goals; satisfaction of physiological needs; satisfaction of emotional needs. The following table illustrates the findings.

Categories	Number of Excerpts
Satisfaction of emotional needs	3
Satisfaction of physiological needs	2
Motivation for the attainment of goals	0
Total	5

Four of these excerpts referred to the patient and one referred to the patient's relatives. Two of these excerpts were extracted from trial visit adjustment summaries and three came from letters. Two came from data gathered during the interim stage in contact with the patient and three from data gathered late in patient's contact with the agency. All of the excerpts were taken from information gathered by social workers in other agencies. Three of the excerpts were derived from information from the client and one each was derived from a personal document and other person (non-professional). All of these excerpts had a breadth of only one source. Four of these excerpts consisted of interpretation only and the remaining one consisted of data plus interpretation.

The implications of the findings in relation to this item are as follows. This item is of very little significance in assessment of social functioning at Veterans Administration Hospital, Marion, Indiana. It appears not to be utilized during intake at Marion and mostly involves the social worker's making an independent interpretation.

Physical Potential

Physical potential was defined by the constructors of the assessment schedule as general physical structure, size skeleton and musculature; racial characteristics; bodily proportions; temperament; tempo; energy and activity level; bodily resilience and resistance. Four categories were established for the classification of the data collected in relation to

this item. They are physical characteristics, temperament, energy and activity level, resilience and resistance to disease.

Two excerpts were classified under the category Physical Characteristics. Three were classified under Energy and activity level and the remaining excerpts were equally distributed with the categories Temperament, and Resilience and resistance to disease having four excerpts each. The following table illustrates the findings.

Categories	Number of Excerpts
Temperament	4
Resilience and Resistance to Disease	4
Energy and Activity Level	3
Physical Characteristics	2
Total	13

Nine of these excerpts referred to the patient and four referred to his relatives. Nine were taken from summaries in the patient's records and four came from letters. Six of the excerpts were extracted from information gathered during intake. Four came from information collected during the interim stage in contact and three excerpts were taken from information gathered late in the client's contact with the agency. The information from which excerpts were made was obtained by social workers at Marion Veterans Administration Hospital and six of the excerpts come from information which was gathered by social workers in other agencies. Each of the following categories under Source of Data (data obtained from) had an incidence of one each: client; unknown; personal document. Four of the remaining ten excerpts were extracted from information given the social worker by some other person (non-professional). The remaining excerpts were derived from observations or impressions of the social workers. Twelve of the excerpts came from only

one source and the remaining excerp would be attributable to no more than two sources. Eight of the excerpts consisted of data only. One consisted of interpretation only and the remaining four excerpts consisted of data plus interpretation.

Although this item appears not to be a significant one in assessment at VA Hospital, Marion, it seems as if it is taken under consideration in assessment during every stage of contact which the patient has with the agency. In view of the fact that the majority of the cases in the study were referred for assistance in determining the medical diagnosis one would expect most of the data secured in relation to this item to come from summaries and during the intake stage in contact with the patients.

Physiological Functioning

This item was defined by the students and faculty members who constructed the assessment model as a description of bodily function, normal and abnormal, health or illness according to the stage of development and effect it has on social functioning.

Two categories were established for the classification of the data secured under this item. They are Bodily Functioning and Health Illness Continum. Fifteen of the twenty-five excerpts in the schedules under this item were classified under bodily health illness continum. The remaining ten excerpts were classified under bodily functioning. The following table illustrates the findings.

Categories	Number of Excerpts
Bodily functioning	10
Health illness	15
Total	25

Fourteen of these excerpts referred to the patient. Eleven referred to the patient's relatives. Twenty of these excerpts were extracted from summaries, three from letters and two came from staffings. Seventeen of the excerpts were taken from information that was gathered during intake, two during interim and two excerpts were taken from information that was gathered late in the patients' contact with the agency. Sixteen of the excerpts were taken from information gathered by social workers employed at VA Hospital, Marion. Seven came from information gathered by social workers employed by other agencies. The origin of the information from which two excerpts were made could not be attributable to anyone. Two excerpts were from patients and personal documents. Four came from observations or impressions of social workers and seventeen came from other people (non-professional). Twenty-two of the twenty-five excerpts could be attributable to only one source. Two could be attributable to only two sources of information and only one could be attributable to three sources. Nineteen of the excerpts consisted of data only. Two consisted of interpretation only and four consisted of data plus interpretation.

This item is a very significant one in assessment at Marion in every stage of contact the agency has with the patient. Moreover it appears that the physiological functioning of the patient's relatives is also important. Most of the data from which excerpts were made came from data that were collected during the intake process by social workers at Marion and consisted mostly of data only.

Ego Functioning

The category "Ego Functioning" consisted of two items, (1) Identifiable patterns developed for reacting to stress and restoring dynamic equilibrium, (e.g., adaptive or defense mechanisms, e.g., repression, sublimation etc.) and (2) Internal Organization of the Personality which was defined by the constructors of the research model as the degree of organization of parts of the personality such as id, super-ego and ego into a whole; personality integration e.g., flexibility vs rigidity of ego function, capacity for growth.

Identifiable Patterns

Two categories were established in order to classify and analyze the data gathered in reference to the item Identifiable Patterns. They are adaptive mechanisms and defensive mechanisms. Six of the eighteen excerpts from the case records were classified under the category adaptive mechanism and the remaining twelve were classified under the category defensive mechanisms. The following table illustrates the findings and classification of the data.

Categories	Number of Excerpts
Adaptive Mechanism	6
Defensive Mechanism	12
Total	18

Fifteen of these excerpts referred to the patient and three referred to the patient's relatives. Seventeen of the eighteen excerpts were secured from summaries in the patients' records and one came from a staffing report. Twelve of the excerpts were taken from data that were gathered during intake and three each were taken from information that was gathered during the

stage of contact with the patient called interim and late. Nine of the excerpts came from information obtained by social workers employed at the VA Hospital, Marion, Indiana; eight from social workers employed elsewhere. The researcher was unable to ascertain the origin of one excerp under this item. The material from which excerpts were made came from a variety of sources. Four came from data given the worker by the client. Six each were made from material obtained by observation on the part of the social worker and other persons (non-professional). Two of the excerpts were made from data which could not be attributable to any source. All of the excerpts under this item had a breadth of one, i.e., one source. Six of the excerpts consisted of data only. Eight consisted of data and interpretation and four consisted of data only.

The data reveals that this item is significant in assessment of social functioning at Marion and at other agencies also. Most of the data concerning this item were taken from material secured during intake, however there were instances where data relating to the item were secured from other stages in contact with the patient. The data also reveals that a greater degree of interpretation is involved in dealing with this item of assessment than is true of some of the other items.

Internal Organization of the Personality

Two categories were established for the classification of the data secured in conjunction with the item Internal Organization of the Personality. They are personality organization and integration and capacity for growth, flexibility vs. rigidity. Only two excerpts were made from the case records in conjunction with this item with one excerpt falling in each of the categories.

Both excerpts referred only to the patient. Both were taken from summaries. Both came from information obtained by social workers employed at the agency and both had only had a breadth of one source. One excerpt was made from material gathered during the intake stage in contact. The other was taken from material gathered late in the agency's contact with the patient. One excerpt was made from data obtained from the patient, the other was made from an observation or impression of the social worker. One excerpt was data only. The other consisted of interpretation only.

It appears that this is not a significant factor in assessment of social functioning at VA Hospital, Marion, Indiana.

Degree of Maturity

This item (Degree of Maturity) was defined by the constructors of the assessment model as the extent of social, emotional, intellectual and physical development toward maximum potential defined by society on the basis of norms for various age levels and reflected by one's role performance and/or behavior pattern.

Two categories were established for the classification of the data secured in conjunction with this item on the assessment model, Stage of Development, and Role Performance. Four of the six excerpts from the records of which the researcher's sample was composed were classified under the category "Role Performance." Two of the excerpts were classified under stage of development. The following table illustrates the findings and classification.

Categories	Number of Excerpts
Stage of Development	2
Role of Performance	4
Total	6

Five of the six excerpts referred only to the patient and only one referred to his relatives. All of the excerpts were made from summaries in the patients' records and all had a breadth of only one source. Three excerpts were made from material gathered during the intake process and three were made from material gathered late in the patient's contact with the agency. Three of the excerpts came from data obtained by social workers employed in the agency and three came from data obtained by other social workers. Three of the excerpts were made from data obtained by the social worker from the patient. Two came from other people (non-professional) and one excerpt was made from the social worker's observation or impression. Three of the six excerpts consisted of data only and three consisted of interpretation only.

It appears that this item would not be a very significant one in assessment at this agency. However, in view of the fact that a large portion of the cases were referred for assistance in establishing medical diagnoses it seems as if Degree of Maturity would be included in the social worker's assessment. Perhaps the findings reflect only one worker's method and philosophy of assessment.

Self Image

The item "Self Image" was defined by the constructors of the assessment model as the dynamic evaluation of one's self, mostly derived from the action and speech of those who directly affect us. It encompasses the attitudes of other toward the self and the self's responses toward these attitudes. It is composed of unconscious, pre-conscious, and conscious material.

Four categories were established for the classification of the data collected in conjunction with this item: objectivity (self-awareness or insight); Sense of identity; Self Confidence and Sense of Meaning. The eighteen excerpts from the case records were classified as follows: Objectivity 4; Sense of Identity 8; Self Confidence 6; Sense of Meaning 0. The following table illustrates the findings.

Categories	Number of Excerpts
Sense of Identity	8
Self Confidence	6
Objectivity	4
Sense of Meaning	0
Total	18

Fifteen of these excerpts referred to the patient only. The remaining three referred to his relatives. Thirteen excerpts were made from summaries in the patient's records and five were made from letters. Eleven were taken from materials gathered during the intake process: six during the late stage and one was made from materials gathered during the interim stage in contact with the agency. Nine of the excerpts were secured from information secured by the social workers in the agency, eight by social workers in other agencies and one excerpt was made from materials whose origins were unknown. Ten of the excerpts were made from data obtained from the client. Two were extracted from materials obtained from people (non-professional). Three excerpts were made from personal documents: one from the social worker's observation or impressions and two excerpts were made from materials which could not be attributable to any source. Sixteen of these excerpts were taken from materials that could be attributable to only one source and two could be attributable to two sources.

Ten of the excerpts consisted of data only. Five consisted of interpretation only and three consisted of data plus interpretation.

This item appears to be a significant one in assessment at VA Hospital, Marion, Indiana. It appears to be utilized more in assessment during the intake process and is based upon materials gathered by social workers from various sources. It appears to consist primarily of either data or interpretation only.

Patterns of Interpersonal Relations and Emotional Expressions Related Thereto

This item was defined by the constructors of the assessment model as the reciprocal relationships between individuals in social situations and the resulting reactions, e.g., acceptance, rejection, permissiveness, control, spontaneity, flexibility, rigidity, love, hate, domination, submissiveness, dependence, independence, etc.

The following categories were established for the classification of the content of the data secured in conjunction with this item: Formulation of Reciprocal Relations, and Involvement in Social Situations.

All of the excerpts were classified under the category Formulation of Reciprocal Relations. Ten of the excerpts referred to the patient and ten referred to his relatives. Eighteen of the twenty excerpts were made from summaries in the patients' records and two were made from letters. Fourteen of the excerpts were made from materials gathered during the intake process. One was made from materials gathered during the interim stage in contact and five were made from materials gathered late in the agency's contact with the patient. Eleven of these excerpts were made from information obtained by social workers employed by the agency and nine were made from information obtained by social workers in other agencies.

Seventeen of the excerpts were made from data obtained from other people (non-professional). Two were made from data obtained from observations or impressions of the social workers and only one excerpt was made from information obtained from the client. All of the excerpts came from only one source. Eleven of these excerpts consisted of data only. Two of the excerpts consisted of interpretation only and seven consisted of data plus interpretation.

It appears that this item is a significant one in assessment of social functioning at Marion. In addition it appears to involve the assessment, to a certain degree, of the patients' relatives. Again it appears that assessment in relation to this item occurs more frequently during intake as opposed to any other stage in the agency's contact with with patient. According to the analysis of the data it appears that this item also involves to a great degree the interpretation of the data secured by the worker.

Internalization of Culturally Derived Beliefs, Values, Activity-Patterns, Norms and Appropriate Feelings for Each (in the form of attitudes)

This item was not defined by the constructors of the assessment model. However the key word in this item appears to be internalization.

Two categories were established for the purpose of classifying the data collected in conjunction with this item. They are acceptance, and conformity. Fifteen of the seventeen excerpts in the schedules were classified under the category acceptance. Two were classified under the category Conformity. The following table illustrates the findings and classifications.

Categories	Number of Excerpts
Acceptance	15
Conformity	2
Total	17

Twelve of the excerpts referred to the patient only. Five of the excerpts referred to the patient's relatives. Eleven of these excerpts were made from summaries in the patient's records and six were made from letters. Twelve of these excerpts were made from information gathered during the intake process and five were made from information gathered late in the agency's contact with the patient. Eleven of the excerpts were made from information obtained by the social workers employed by the Veterans Administration Hospital, Marion, Indiana. Five excerpts were made from information obtained by social workers in other agencies and the origin of the data from which one excerpt was made is unknown. Six excerpts each were made from data obtained from the following two sources: the client, and other people (non-professional). All of the excerpts had only one source. Twelve of the excerpts consisted of data only. Four consisted of data and interpretation and only one consisted of interpretation only.

It appears that this item is a significant one in assessment at Marion. In addition it appears to be more significant during the intake process than at any other time during the agency's contact with the patient. Moreover it is based upon mostly the organization of the data obtained from a variety of sources into a meaningful whole and occasionally interpretation of these data.

On the basis of the data secured from the case records at Marion under Personality Factors the following items appear to be of little significance in assessment: Basic Thrusts, Drives and Instincts;

Degree of Maturity; and Internal Organization of the Personality. The other items under personality factors appear to be significant in assessment at Marion. The majority of the excerpts in the schedules referred to the patient and most of the excerpts were made from summaries in the patients' records. The majority of the excerpts were made from information gathered by the social workers at Marion during intake. The item identifiable patterns for reacting to stress and restoring dynamic equilibrium appears to involve a greater degree of interpretation than the other items under personality factors.

Socio-Cultural Factors

The second factor in the assessment model is Socio-Cultural Factors. This factor was divided into two sub-factors, Culture and Sub-Systems (Socail Structure and Dynamics). There are three items under culture and nine under Sub-Systems.

Culture

The sub-factor consists of three items: Beliefs, Values, and Activity Patterns.

Beliefs

The definition of the data to be included under this item according to the constructors of the assessment model is prevailing attitudes or convictions derived from the culture; acceptance of something as true by reason of sentiment or rational conviction rather than positive knowledge. Such beliefs determine an individual's thinking about feeling, customs and patterns of behavior, etc.

Two categories were established for the classification of the data collected in conjunction with this item. They are Reasoned-Unreasoned

Continuum and four were classified under Implications for Role Performance. All of the excerpts referred to the patient only. All of the excerpts were made from summaries in the patients' records. All of the excerpts had a breadth of only one source and consisted of data only. Five of the excerpts were made from information gathered during the intake process. Only one excerpt was made from data secured late in the agency's contact with the patient. Five of the excerpts were made from information obtained by social workers in the agency from their clients. One excerpt was made from information obtained by social workers in other agencies. One excerpt was made from data obtained from another person (non-professional).

This item appears not to be a significant one in assessment of Marion.

Value

This item was defined by the constructors of the assessment model as the believed capacity of any object to satisfy a human desire, any object (or state of affairs, intangible ideal) of interest. Social values are those which are commonly internalized by members of the system or subsystem to which members conform in their behavior.

Two categories were established for the classification of the data in the schedules under this item. They are Reasoned-Unreasoned Continuum and Role Performance. All of the excerpts (three in the schedule) were classified under the category reasoned-unreasoned continuum. All of the excerpts referred to the patient. The information from which the three excerpts were made were obtained from the social workers at Marion from only the patients and consisted of data only. Two of the excerpts were made from data contained in the patients' summaries and one excerpt was made from data

contained in the clinical record. Two of these excerpts were made from data gathered during the intake process and the remaining one was made from data gathered during the interim stage in the agency's contact with the patient.

It appears that this item is not a significant one in assessment at Marion.

Activity Pattern

This item was defined by the constructors of the assessment model as a standardized way of behaving under certain stimuli or in certain interactional situations which is accepted or regulared by the group or culture.

Two categories were established for the purpose of classifying the content of the data collected under this item. They are as follows: Acceptable-Non-acceptable, and Relationship effect on primary or secondary group relations. Five of the twelve excerpts in the schedule relating to this item were classified under the category Acceptable-Non-acceptable Continuum. The remaining seven excerpts were classified under the only other category mentioned above. The following table illustrates these findings and classification of the data.

Categories	Number of Excerpts
Acceptable, Non-acceptable Continuum	5
Relationship effect on primary or secondary group relations	77
Total	12

Ten of these excerpts referred to the patient only. Two referred to the patients' relatives. Eleven of the excerpts were made from summaries in the patients' records and one was made from a letter. Eight of the excerpts were made from information gathered during the intake process. Three were made from information gathered during the interim stage in

contact with the patient and one was made from information gathered late in the agency's contact with the patient. The information from which seven excerpts were made was gathered by social workers employed at the agency. Five excerpts were made from information obtained by social workers in other agencies. Three of the excerpts were made from information given the social worker by the client and eight excerpts were made from information provided the social worker by other people (non-professional). All of the excerpts had only one source. Eleven of the excerpts consisted of data only and one consisted of data plus interpretation.

Family

This item was defined by the constructors of the assessment model as a social group composed of parents, children and other relatives in which affection and responsibility are shared. Two categories were established for the classification of the data collected under this item. They are Composition and Interactional Patterns. Of the twenty-five excerpts made from the case records thirteen were classified under composition and twelve were classified under interactional patterns. The following table illustrates the findings.

Categories	Number of Excerpts
Composition	13
Interactional Patterns	12
Total	25

Only six excerpts referred to the patient and 19 referred to his relatives. Twenty-four excerpts were made from summaries in the patient's records and only one excerpt was made from a letter. Eighteen of the excerpts were made from data which was secured during the intake process. Two of the excerpts were made from data collected during the interim stage

in contact and five excerpts were made from information which was gathered late in the agency's contact with the patient. Fourteen of the excerpts were made from information obtained by workers employed at Marion. Eleven were made from information secured by social workers in other agencies. Twenty of the excerpts were made from data obtained from other people (non-professional). One of the excerpts was made from information obtained from the patient and one could not be attributed to any specific source. Three of the excerpts were made from data obtained from observations or impressions of the social worker involved. All of the excerpts had only one source. Twenty-three of the excerpts consisted of data only and one each consisted of interpretation only and data and interpretation.

This item appears to be a very significant one in assessment at Marion. However, most of this data refers to the patient's relatives; is obtained from mostly non-professional people and consists mostly of data only.

Educational System

The item educational system according to the constructors of the assessment model would consist of data relating to the social organization directed toward the realization of the socially accepted values by means of training in knowledge, attitudes and general specialized skills.

Attitude toward learning, level of achievement and adjustment, and school administrative action are the three categories which were established for the classification of the content of the data collected relating to this item.

Twelve excerpts were made from the case records. Nine of these were classified under the level of achievement and adjustment. The remaining

three excerpts were classified under attitude toward learning. None of the excerpts referred to school administrative action. The following table illustrates the findings.

Categories	Number of Excerpts
Attitude toward learning	3
Level of achievement and adjustment	9
School administrative action	0
Total	12

Ten of the 12 excerpts in the schedules referred only to the patient and two referred to the patients' relatives. All of the excerpts were taken from summaries. Ten of the excerpts were made from information gathered during intake and two were made from information gathered late in the agency's contact with the patients. Seven of the excerpts were made from information obtained by the social workers employed by the agency and five excerpts were made from information secured by social workers in other agencies. Three of the excerpts were made from information given the workers by the client and nine of the excerpts were made from information obtained by the workers from other people (non-professional). All of the data had a breadth of one, i.e., only one source. Ten of the excerpts consisted of data only and two consisted of data and interpretation.

This item appears to be significant in assessment at Marion, especially during the intake process. It requires the social worker to organize data gathered from various sources into a meaningful whole in order that a picture of the patients strengths and weaknesses might be ascertained.

Peer Group

This item was defined by the constructors of the assessment model as a group whose members have similar characteristics as to age, sex, etc., e.g., friendship groups, cliques, gangs. Two categories were established for the classification of the data collected in relation to this item on the schedule. They are as follows: Type (structured-un-structured) and interactional patterns. All of the excerpts (three) were classified under the category interactional patterns. None were classified under type. The following table illustrates the findings.

Categories	Number of Excerpts
Interactional patterns	3
Type (structured-unstructured)	0
Total	3

All of the excerpts under this item referred only to the patient and had a breadth of only one source. All of the excerpts were made from summaries written during the intake process. Two of the excerpts were made from information obtained by social workers in the agency and the remaining excerpt was made from information obtained by a social worker in another agency. Two of the excerpts were made from information obtained by the social worker from other people (non-professional) and the remaining excerpt was made from data obtained from the patient. Two of the excerpts consisted of data only and one consisted of data and interpretation.

It appears that this item is not significant in assessment at Marion. Moreover, it appears that its inclusion in the assessment of a patient's social functioning is determined by the individual worker handling the case.

Ethnic Group

This item was defined by the constructors of the assessment model as a group of people who have a distinct culture or racial heredity or both; a group which is normally endogamous, membership being based on biological or cultural characteristics and traditions. Biological Characteristics, Socially imposed characteristics and Interactional patterns were the categories established for the classification of the content of the data collected under this item. All of the excerpts (eight) were classified under the category, biological characteristics. None were classified under socially imposed characteristics or interactional patterns. The following table illustrates the findings.

Categories	Number of Excerpts
Biological characteristics	8
Socially imposed characteristics	0
Interactional patterns	0
Total	8

All of the excerpts under this item referred to the patient only; had a breadth of only one source and consisted of data only. Six excerpts were made from summaries. One was made from a letter and one was made from a face sheet. Seven of the excerpts were made from information gathered by social workers in the agency during the intake process. One excerpt was made from information gathered late in the agency's contact with the patient by a social worker in another agency. Seven excerpts were made from observations or impressions of the social workers and only one excerpt was made from data which had been obtained from other people (non-professional).

It appears that this item is not very significant in assessment of Marion. Moreover, it appears to be based on the social worker's observation

or impression of the patient's biological characteristics during the intake process and consists of data only.

Class

This item was defined by the constructors of the assessment model as a horizontal social group organized in a stratified hierarchy of relationships. Stratification status and behavioral indications were the categories established in order to classify the contents of the data collected under this item. Only one excerpt was made from the case records relating to this item. It was classified under the category stratification status. The following table illustrates the findings.

Categories	Number of Excerpts
Stratification status	1
Behavioral indications	0
Total	1

This excerpt referred only to the patient's relatives. It was made from a summary written by a social worker in another agency, during the intake process. It was based on information obtained from another person (non-professional) and consisted of data only. The excerpt had a breadth of only one source. This item appears to be of very little significance in assessment at Marion.

Territorial Group

This item was defined by the constructors of the assessment model as a locality group which has developed sufficient social organization and cultural unity to be considered a regional community.

Two categories were established for the classification of the content of the data collected under this item. They are designation of area

and behavioral indications. All of the excerpts were classified under the category designation of area. None were classified under the category behavioral indications. The following table illustrates the findings.

Categories	Number of Excerpts
Designation of area	7
Behavioral indications	0
Total	7

Three of the seven excerpts referred to the patient's relatives only. Four referred to the patient. Five of the excerpts were made from summaries. One excerpt was made from a letter in the patient's record and another was made from data on the face sheet of a record. Six of the excerpts were made from information gathered during the intake process and one was made from information gathered late in the agency's contact with the patient. Six of the excerpts were made from information obtained by social workers in the agency and one excerpt was made from information obtained by a social worker employed by another agency. Four of the excerpts were made from data obtained from other people (non-professional). Two were made from data obtained by the social worker from the patient and one excerpt was made from data which could not be attributed to any source. All of the excerpts had a breadth of only one source. Six of the excerpts consisted of data only and one consisted of data and interpretation.

It appears this item is not very significant in the assessment of social functioning at Marion. It appears to be utilized only in referring to designation of area exclusively rather than behavioral indications and consists primarily of data only.

Economic System

This item was defined by the constructors of the assessment model as a system concerned with the creation and distribution of valued good and services, e.g., employment and occupation. Three categories were established for the classification of the content of the data gathered under this item on the schedule. They are status of employment, financial status and behavioral indications.

Twenty-nine excerpts were made from the case records. On the basis of their content twenty-one of these excerpts were classified under the category status of employment. Seven excerpts were classified under financial status and only one was classified under the category behavioral indications. The following table illustrates the findings and classification of the excerpts under this item.

Categories	Number of Excerpts
Status of employment	21
Financial status	7
Behavioral indications	1
Total	29

Twenty-one of these excerpts referred only to the patient and eight referred to his relatives. Twenty-one of the excerpts were made from summaries. Seven were made from letters and one excerpt was made from a face sheet. Nineteen of the excerpts were made from information gathered during the intake process. Nine were made from information obtained late in the agency's contact with the patient. Only one excerpt was made from information obtained during the interim stage in contact. Twenty of the excerpts were made from information obtained by social workers employed by the agency. Eight were made from information obtained by social workers in other agencies and one excerpt was made from data whose origin could not

be determined. Six of the excerpts were made from data obtained from the client by the social worker. Nineteen were made from information obtained from other people.(non-professional). One excerpt was made from a personal document and one was made from the social worker's observation or impression. The source of the data from which two excerpts were made could not be determined. Twenty-eight of the excerpts had only one source and one excerpt had a breadth of three sources. All of the excerpts consisted of data only.

This item, apparently is very significant in assessment at Marion, especially during the intake process and late in the agency's contact with the patient. It appears to be based on data collected from a variety of sources by the social worker and consists of data only.

Governmental System

This item was deined by the constructors of the assessment model as the organization of power for the control of a state community or common interest; the form of administration by which a community is controlled; governmental units, e.g., courts, police, various forms of governmental and political parties.

Three categories were established in order to classify the content of the data collected under this item. They are units, political ideology and behavioral indications.

Eighteen excerpts were made from the case records. All of these were classified under the category units. None of the excerpts were classified under political ideology or behavioral indications. The following table illustrates the findings and classification of the excerpts based on their content.

Categories	Number of Excerpts
Units	18
Political ideology	0
Behavioral indications	0
Total	18

Three of these excerpts referred to the patients' relatives. Fifteen referred to the patient. Seven of the excerpts were made from summaries; eight from face sheets and three were made from letters. All of the excerpts were made from information obtained during the intake process. Twelve were made from information obtained by social workers employed by the agency and six excerpts were made from data whose origin could not be determined. Ten of the excerpts were made from data obtained from other people (non-professionals). Four excerpts were made from data whose source could not be determined. Two excerpts were made from data obtained by the social worker from the patient and two were made from observations or impressions of the social worker. Sixteen of the excerpts had a breadth of only one source and two of the excerpts had a breadth of two sources. Seventeen of the excerpts consisted of data only and one consisted of date plus interpretation.

This item appears to be a significant one in assessment at Marion during the intake process. However, it appears to be utilized only to determine the governmental units with which a patient has been involved. Moreover, it consists primarily of data only.

Religious System

The final item on the schedule, Religious System, was defined by the constructors of the assessment model as the system which is concerned with symbols, doctrines, beliefs, attitudes, behavior patterns and systems

of ideas about man, the universe and divine objects which is usually organized through association.

The following categories were established for the classification of the content of the data collected under this item.

The twelve excerpts from the case records were classified as follows: Membership or affiliation 10; Expression of beliefs 2; Behavioral indicators 0. The following table illustrates the findings and classification.

Categories	Number of Excerpts
Membership or affiliation	10
Expression of beliefs	2
Behavioral indicators	0
Total	12

Ten of the excerpts referred to the patient only and two of the excerpts referred only to the patients' relatives. Seven of the excerpts were made from information contained in summaries. Three were made from face sheets and two were made from letters. Eleven of the excerpts were made from information obtained during intake and the remaining excerpt was made from material which was secured late in the agency's contact with the patient. Three of the excerpts were made from data whose origin could not be determined. Eight of the excerpts were made from information obtained by the social workers employed by the VA Hospital, Marion, Indiana and one excerpt was made from information obtained by a social worker in another agency. Five of the excerpts were made from data obtained from other people (non-professional). The sources of the data from which three excerpts were made could not be determined. Three of the excerpts were made from data obtained from the client and only one excerpt was made from the social worker's observation. Ten of the excerpts had a breadth of only one source

and two of the excerpts had a breadth of two sources. All of the excerpts consisted of data only.

It appears that this item in assessment at Marion relates primarily to the determination of the denomination of the church of which the patient considers himself a member. This appears to be determined primarily during intake and consists of data only.

Under socio-cultural factors in the assessment model, it appears that the following items are of less significance in the assessment of social functioning at Marion as compared to the other items: Belief, value, peer group, ethnic group, class and territorial group. However, in view of the agency's eclectic philosophy of assessment it is conceivable that any of the above items could be very significant. Moreover, in view of the fact that data was secured for each of the 22 items on the schedule it appears that each item in the model is considered in assessment of VA Hospital, Marion, however in an unstructured manner.

CHAPTER V

SUMMARY AND CONCLUSIONS

This study is the third in a series of studies designed to test the model for the assessment of social functioning constructed by the Human Growth and Behavior and Research Committes of the Atlanta University School of Social Work.

The data for this project were collected by the student while placed in an agency for six months of advanced field work training. The technique of random sampling was utilized in selecting the sample from the cases closed by Social Work Service, Veterans Administration Hospital, Marion, Indiana during the period of June 1, 1962 to May 31, 1963. Ten case records were selected from the population.

The data obtained were analyzed quantitatively and qualitatively in terms of its content, incidence, location in the case record, origin, source, breadth, the person discussed and whether or not it consisted of data or an interpretation.

It was found that data were secured for every item on the schedule with the item economic system having the highest number of excerpts and the item class having the lowest. Most of the data discussed the patient and taken from summaries in the case records which for the most part were written during the intake process. Most of the data in the study were based upon information gathered by social workers in the agency from other people (non-professional) and consisted mostly of data only as opposed to interpretation.

The researcher found that the data pertaining to the items under personality factors on the schedules contained more interpretation than did the data relating to the items under socio-cultural factors. Further, more of the data relating to the items under personality factor were taken from information gathered by social workers in other agencies than was true of the data pertaining to the items under socio-cultural factors on the schedule. Finally, more data relating to the items under personality factors were obtained from the case records than were true of the data collected in relation to the items under socio-cultural factors.

On the other hand, most of the data relating to both factors discussed the patient for the most part; had a breadth of one source and were extracted from information gathered by social workers during the intake process. Both factors discussed the patient for the most part, had a breadth of one source and was extracted from information gathered by social workers during the intake process.

In most instances, the data collected in reference to a particular item on the schedule could not be classified under one category, and reflects the agency's eclectic philosophy of assessment. Nevertheless, the small incidence of data secured in relation to certain items on the model suggests that the assessment model needs further refining.

On the positive side, however, data were secured for every item on the schedule. This indicates that the social workers at Marion consider every factor in the model in assessing social functioning, although in an unstructured manner. Therefore, with refinement, the model could serve as a useful tool in providing a more adequate structure for the process called assessment in social work.

APPENDIXES

ASSESSMENT* OF SOCIAL FUNCTIONING: TENTATIVE MODEL

Personality Factors	Social Functioning (role performance) In Social Situations	Socio-Cultural Factors
A. Innate or Genetic Potential 1. Intellectual potential (intelligence) 2. Basic Thrust, drives, instincts 3. Physical potential B. Physiological Functioning C. Ego Functioning (intra-psychic adjustment) 1. Identifiable patterns for reacting to stress and restoring dynamic equilibrium 2. Internal organization of the personality D. Degree of Maturity E. Self-image F. Patterns of Interpersonal Relationship and Emotional Expression Related thereto. G. Internalizations of culturally derived beliefs, values, norms, activity-patterns, and the feelings appropriate for each.	Adequate role performance requires: 1. Action consistent with system norms and goals. 2. The necessary skills in role tasks and interpersonal relationships 3. The necessary intrapersonal organization 4. Self and other(s) satisfactions	A. Culture 1. Beliefs)) symbol system 2. Values) 3. Activity-patterns B. Subsystems 1. Family 2. Education System 3. Peer Group 4. Ethnic Group 5. Class 6. Territorial Group 7. Economic System 8. Governmental System 9. Religious System

*Assessment: the identification and evaluation of those socio-cultural and individual factors in role performance which make for social dysfunction as well as adequate social functioning.

September, 1962

ASSESSMENT SCHEDULE

Identifying Information

Name of Agency:_____ Name of Student:_____

Social Work Method and
Field of Practice:_____ Date Schedule Completed_____

Agency Staff Member:_____

Case

Code number of record:_____

Client's sex:_____

Dates of case duration and client's age:		Date	Age		Date	Age
	Opened	_____	____	Closed	_____	____
	Opened	_____	____	Closed	_____	____
	(*)Opened	_____	____	Closed	_____	____
	Opened	_____	____	Closed	_____	____
	Opened	_____	____	Closed	_____	____

(Place asterisk (*) before the period(s) used in this schedule.)

Nature of the Problem:_____

PERSONALITY FACTORS	2 Incidence	3 Person Discussed	4 Location	5 Stage in Contact	6 Origin	7 Source	8 Breadth	9 Interpretation
A. Innate or Genetic Potential								
1. Intellectual Potential								
1)								
2)								
3)								
2. Basic Thrust, Drives, Instincts								
1)								
2)								
3)								

The preceding two pages are copies of the first three pages of the schedules used in obtaining the data of the study. The remaining nine pages of the schedules were the same as the latter two preceding pages, except for the number of factors enumerated on the pages.

BIBLIOGRAPHY

Books

Carlton, W. N. C. "(Stephen) Grover Cleveland", Encyclopedia Americana, (ed.) Lavinia P. Dudley. Americana Publishing Co., Inc., Vol. VII 1963.

Simon, Bernice K. Relationship Between Theory and Practice in Social Casework. Monograph IV, New York: National Association of Social Workers, 1957.

Unpublished Material

Henderson, Dorothy Brown. "Assessment of Social Functioning, Veterans Administration Hospital, Marion, Indiana". Unpublished Master's Thesis, School of Social Work, Atlanta University, 1963.

Jeff, Morris F. X., Jr. "An Assessment of Social Functioning in the Social Work Service Department Veterans Administration Hospital, Marion, Indiana." Unpublished Master's Thesis, School of Social Work, Atlanta University, 1963.

Menefee, Harold, Jr. "A Study of Social Assessment at the Veterans Administration Hospital, Marion, Indiana". Unpublished Master's Thesis, School of Social Work, Atlanta University, 1962.

Thesis Statement Prepared by the Human Growth and Behavior, and Research Committees. School of Social Work, Atlanta University, 1962.

Veterans Administration. "A Brief History of the Marion Veterans Administration Hospital. Veterans Administration Hospital, Marion, Indiana, 1963. (Mimeographed.)

Veterans Administration Hospital, Marion, Indiana. Personal interview with Charles P. Phelps, Clinical Social Worker, Veterans Administration Hospital, Marion, Indiana. February 5, 1964.

_____. Personal interview with Gus Waiters, Clinical Social Worker, Veterans Administration Hospital, Marion, Indiana. February 3, 1964.

_____. Personal interview with Abraham Zuckerman, Chief of Social Work Services, Veterans Administration Hospital, Marion, Indiana. February 4, 1964.

Whitson, Rollin Lewis. "History of Grant County, Indiana, 1812 to 1912". Marion, 1914. (Mimeographed.)